

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.

FILING DATE

10/524667

Applicant

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.		DEP.	IND.	DEP.	IND.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
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TOTAL NO.	2	↓		↓		↓		TOTAL NO.	↓		↓		↓
TOTAL DEP.	9	←		←		←		TOTAL DEP.	↓		↓		↓
TOTAL CLAIMS	11	████████	████████	████████	████████	████████		TOTAL CLAIMS	████████	████████	████████	████████	████████

PTO-8369 (REV. 9-63)

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